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APPLICANTS

Bernard Andreas, Redwood City, CA;
Jeffrey J. Grainger, Portola Valley, CA;

** CONTINUING DATA ***** *none EA*** FOREIGN APPLICATIONS ***** *none EA*IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/17/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>GA</i>				

ADDRESS

20350

TITLE

Implantable stent delivery devices and methods

FILING FEE RECEIVED 700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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